BEST AVAILABLE COPY

| | | | | | | | | | | Ą | bblicariour | .OF L3 | ocket Nun | ber |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------|---------------------------------|--------------|-----------------|--------------------------------------------|------------------|------------|-----------------|----------|------------------------|---------|-----------------|--------------------------|
| PATENT APPLICATION FEE DETERMINATION RECOR Effective November 10, 1998 | | | | | | | | | | | | | 853 | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | | LLI E | ENTITY | OR | OTHER | THAN |
| FC | DR | | NUMBER FILED | | | NUMBER EXTRA | | | RATI | Ξ | FEE | | RATE | FEE |
| BA | SIC FEE | | | | | | | | | | | OR | | 890 |
| TOTAL CLAIMS | | | 2 | 2 minus 20= | | ٠ ج | | | X\$ 9= | | | OR | X\$18= | 36 |
| INDEPENDENT CLAIMS | | | minus 3 = | | | * | | | X39= | | | OR | X78= | مر ت |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | 1120- | | | | | |
| * If the difference in column 1 is less than zero, enter *0* in column 2 | | | | | | | | | +130= | | | OR | +260= | 0 - 6 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | ATOTA | ا - | <u> </u> | OR | TOTAL | 926 |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | SHAL | L F | ENTITY | OR | OTHER SMALL. | |
| AMENDMENT A | | REM | AIMS AINING TER IDMENT | | P | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Ş | Total • | * | | Minus | da | | E | | X\$ 9: | = | | OR | X\$18= | |
| | Independent | | * | Minus | 441 | | = | | X 39= | | · | OR | X78= | |
| | FIRST PRESE | ENTATIC | ON OF MU | JUTIPLE DE | PENC | DENT CLAIM | | | +130= | | | | +260= | |
| | | | | | | | | | | AL. | | OR | TOTAL | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | DDIT. FI | | | OR | ADDIT. FEE | |
| ENDMENT B. | | REM. | AIMS AINING TER DMENT | | Pf | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE. | ADDI- TIONAL |
| | Total | • | | Minus | •• | | = | | X\$ 9= | | | OR | X\$18= | |
| ₹l | Independent | ٠ | | Minus | 44 | ì • | c | ŀ | X 39= | - | | | 'X78= | |
| | FIRST PRESE | OITATA | N OF MU | LTIPLE DE | PENC | DENT CLAIM | | - | | ᅱ | | OR | | |
| | | | | | | | | L | +130= | | | OR | 4260= | |
| | | • | | | | | | ^ | TOT. FI.TIOQ | 쭕 | | OR | ADOIT, FEE | |
| - CP C | * * * * * * * * * * * * * * * * * * * * | _(CO)(| (mn 1) | | 1 | | | | | | | | | |
| AMENDMENT C | | AF | ANING TER OMENT | | Pf | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | TIONAL FEE |
| | Total | • • | | Minus | 44 | | E | | X\$ 9= | | | OR | X\$18= | |
| | Independent | * | | Minus | .000 | | E . | | X 39= | 1 | | | X78= | |
| | FIRST PRESE | OTTAIN | N OF MU | JUTIPLE DE | PEN | DENT CLAIM | | - | +130= | ┪ | | OR | | |
| • If the entry in column 1 is less than the entry in column 2, write "o" in column 8. • If the Tighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." | | | | | | | | | | | | OR- | 4260= | |
| - | (the Highest Nu | mber Pre | Mousty Pa Mousty Pa | ALFOCKLIH | IS 6P/ 10 CD | NCE is less tha | in 20, enter 20. | • | 101 Fl.1100 | Œ | .7 | OR | ADDIT FEE | |
| 1 | The "Highest Num | iber Pres | foucly Pak | For (Total c | r Inde | pendent) is the | e highest number | of fou | nd in the | stx | propriate bo | x in co | iuma 1. | i i de an ini maren S |